

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 MEDICAID PURCHASING ADMINISTRATION
 Olympia, Washington**

To: Pharmacists
 Managed Care Organizations

Memo # No: 10-58
Issued: July 29, 2010

From: Douglas Porter, Assistant Secretary
 Medicaid Purchasing
 Administration (MPA)

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after September 1, 2010, the Medicaid Purchasing Administration (MPA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Adjustments to existing MACs; and
3. MAC deletions.

1. MAC Additions:

| Generic Name | Strength | Form | MAC Effective 09/01/10 |
|------------------------------|----------|--------|------------------------|
| ANASTROZOLE | 1MG | TABLET | \$0.32333 |
| NORETHINDRONE ACETATE | 5MG | TABLET | \$1.91780 |
| SKIN PROTECTANTS MISC (BAZA) | 142GM | CREAM | \$0.06128 |

2. MAC Adjustments:

| Generic Name | Strength | Form | MAC Effective 09/01/10 |
|-------------------------------|----------|-------------|------------------------|
| AMPHETAMINE-DEXTROAMPHETAMINE | 5MG | CAP SR 24HR | \$4.82300 |
| AMPHETAMINE-DEXTROAMPHETAMINE | 15MG | CAP SR 24HR | \$4.82300 |
| AMPHETAMINE-DEXTROAMPHETAMINE | 30MG | CAP SR 24HR | \$4.82300 |
| BROMOCRIPTINE MESYLATE | 2.5MG | TABLET | \$1.27380 |
| CEFDINIR | 300MG | CAPSULE | \$1.42280 |

2. MAC Adjustments (cont):

| Generic Name | Strength | Form | MAC Effective 09/01/10 |
|------------------------|----------------|-------------|------------------------|
| CEFDINIR | 250MG/5ML | SUSPENSION | \$0.60070 |
| FLUTICASONE PROPIONATE | 50MCG/ 16GM | NASAL SUSP | \$1.56480 |
| LEVETIRACETAM | 100MG/ML | SOLN | \$0.11493 |
| OXYBUTYNIN | 5MG | TAB SR 24HR | \$1.58220 |
| OXYBUTYNIN | 10MG | TAB SR 24HR | \$1.58220 |
| OXYBUTYNIN | 15MG | TAB SR 24HR | \$1.66000 |
| PERPHENAZINE | 2MG | TABLET | \$0.50700 |
| PERPHENAZINE | 16MG | TABLET | \$1.17830 |
| PRazosin HCL | 5MG | CAPSULE | \$0.32380 |

3. MAC Deletions:

| Generic Name | Strength | Form | MAC Effective 09/01/10 |
|----------------|----------|-------|------------------------|
| DESOXIMETASONE | 0.05% | CREAM | \$0.00000 |

How Can I Get the Department/MPA Provider Documents?

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).